

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/786185
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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50						
TOTAL IND.	2	1	2	1	3	8
TOTAL DER.	2	1	3	1	8	8
TOTAL CLAIMS	4	2	5	2	11	16

	1		2		3	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.	8	8	8	8	8	8
TOTAL DER.	8	8	8	8	8	8
TOTAL CLAIMS	16	16	16	16	16	16

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS